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\*\* CONTINUING DATA \*\*\*\*\* *YES SS*

This application is a CIP of 09/855,095 05/14/2001 PAT 6,695,943  
which is a CIP of 09/311,156 05/13/1999 PAT 6,354,990  
which is a CIP of 09/181,539 10/28/1998 PAT 6,728,383  
and is a CIP of 09/181,540 10/28/1998 PAT 6,432,247  
and is a CIP of 09/181,541 10/28/1998 PAT 6,438,244  
and is a CIP of 09/181,842 10/28/1998 PAT 6,254,526  
and is a CIP of 09/181,843 10/28/1998 PAT 6,434,248  
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which is a CIP of 09/084,864 05/26/1998 PAT 6,022,311  
This application 10/784,534  
is a CIP of 10/097,540 03/11/2002 PAT 6,761,789  
which is a DIV of 09/311,156 05/13/1999 PAT 6,354,990

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None SS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY LA	SHEETS DRAWING 11	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>S. J. [Signature]</i>	Initials		

## ADDRESS

22920

## TITLE

METHOD OF MANUFACTURING A SOFT HEARING AID

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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